

UNITED STATES DISTRICT COURT

for the

District of Nebraska

8 Circuit Division

U.S. DISTRICT COURT
DISTRICT OF NEBRASKA

2017 JAN 20 PM 2:51

Juan Diaz
4067 Northview Drive
Grand Island, NE 68803

Case No.

4:17 CV 3009
(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

James E Lewandowski
820 West Division
Grand Island, NE 68801

Jury Trial: (check one) ☒ Yes ☐ No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE

(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Juan Diaz
Street Address	4067 Northview Drive
City and County	Grand Island, Hall
State and Zip Code	Nebraska, 68803
Telephone Number	308 380 3652
E-mail Address	juandiazduke@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	James E Lewandowski
Job or Title <i>(if known)</i>	Doctor of Podiatric Medicine
Street Address	820 West Division
City and County	Grand Island, Hall
State and Zip Code	Nebraska. 68801
Telephone Number	308 381 7262
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) Juan Diaz, is a citizen of the
State of (name) Nebraska.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) James E Lewandowski, is a citizen of
the State of (name) Nebraska. Or is a citizen of
(foreign nation) _____.

2. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
the laws of the State of (name) _____, and has its
principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Seven Hunderd Twenty Thousand Dollars because it is a life time injury.
Nebraska Revised Statutes Section 44-2825 for 2.25m for anguish, depression, grif, anxiety, trauma, in my life.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 02/10/2015 , at (place) Grand Island Surgery Center ,

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because *(describe the acts or failures to act and why they were negligent)*

Amputation of right hallux. Failure to ask for a lower extremity arterial Doppler Ultrasound Study.
Defendand fail ti do medical standard of care.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by *(explain)*

Did not do Doppler Ultrasound Study to see segmental waveforms and velocity measurements.
Failure to diagnose in which in turn would have let to a better out come than the one actually achieved.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

The damages that I received as a resuet of losing my foot is the fact that I am unable to continue operation of my business. I beleive I should be copensated for the loss of past and future income. Since I don't have my right leg from the knee down will never have. My annual income for 2015 until my retirement is the damages I beleive I am intitled to. Seven Hunderd Twenty Thousand Dollars for loss Of employment of my own business. Nebraska Revised Statutes Section 44-2825 for 2.25 million for anguish, depression, grief, anxiety and trauma in my life.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Jan 20-2017

Signature of Plaintiff _____

Printed Name of Plaintiff _____

Juan Diaz
Juan Diaz

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____